

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-870)						REG. NO. APPLICANT	FILING DATE 9/15/94
CLAIMS							
	AS FILED		AFTER SEARCH/DOCUMENT		AFTER EXAMINATION		
	NO.	OCP.	NO.	OCP.	NO.	OCP.	
1	/					61	
2	/					62	
3	/					63	
4	/					64	
5	/					65	
6	/					66	
7	/					67	
8	/					68	
9	/					69	
10	/					70	
11	/					71	
12	/					72	
13	/					73	
14	/					74	
15	/					75	
16	/					76	
17	/					77	
18	/					78	
19	/					79	
20	/					80	
21	/					81	
22	/					82	
23	/					83	
24	/					84	
25	/					85	
26	/					86	
27	/					87	
28	/					88	
29	/					89	
30	/					90	
31	/					91	
32	/					92	
33	/					93	
34	/					94	
35	/					95	
36	/					96	
37	/					97	
38	/					98	
39	/					99	
40	/					100	
41	/						
42	/						
43	/						
44	/						
45	/						
46	/						
47	/						
48	/						
49	/						
50	/						
TOTAL NO.	9						
TOTAL OCP.	41						
TOTAL	48						